SUMMARY OF TRIBAL RECOMMENDATIONS ON $70 MILLION FOR DIABETES

(Comments from Area Summaries and TLDC meeting 3/19/01)

RESPONDANT	COMP VS. NON-COMP	FORMULA	EVALUATION	URBAN SHARE	NDPC	SEN.CAMPBELL'S PROJECT	OTHER
ABERDEEN							
		Not satisfied with current formula - eliminate TSA, majority keep the same, reassess		Set aside of 5% ok, concern about double counting	Not in favor of set aside	No more set asides	TLDC - need budget Data - need accurate data, improvements Redirect existing setasides for data , etc Admin - need support in areas, redirect current $, no new $ Use of Funds - local best know needs
ALASKA							
ANHB	Non-competitive	>15% Change prev over time >32.5% disease burden; >10% remoteness; >12.5% TSA; >30% user or keep the same this year	Supported it	Set aside after others Consider 5%	Ok, Want justification Must benefit all tribes	Ok, Want justification Must address all AIAN	>TLDC - OK, want justification Total set aside - in consideration of formula, other set asides >IHS National Program - OK, want justification, budget >Admin - cover grants management and national program - ok, need budget, justification >Area office admin support Data improvement 2% set aside - would consider 5%

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							>Use of funds - need more info; Who says what is successful program?; cap all set asides - political realities of letter
ALBUQUERQUE							
	Non-competitive	>Problems with TSA >Want user count data and info on how area user counts defined. >Concern over use of blood quantum to determine tribal enrollment may not be accurate relection of an equitable distribution of new funds. >Want same formula (San Felipe) >Favor prevalence over mortality >Recommend emphasis on disease vs use pop (Ramah-Nav) >Keep TSA (Ramah-Nav) > Want more info on formula (Isleta)	Supported it And technical support	Support urban allocation but concern over double counting. 1.5 million ok	Need more info on status of NDPC; concern of accountability of NDPC; need updated report.	Want info on purpose of Center and how it will benefit Native Am population	>Need improvement in overall grant program management. Need justification >Want lump sum funds to go directly to tribes not through IHS(Santa Ana, Ramah-Nav, Acoma). >Support data improvement (Zuni) >Do not support set-asides (Zuni) >Support data improvement but include tribal data and CHR Program info (So Ute) >TLDC - support, need more info, role - ? current support >Admin, IHS National - supported grants management need information >Areas - supported but hesitant - need more info >Use of funds - best practices OK from grantees

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BEMIDJI							
	Non-competitive; every tribe should receive a grant; >Set aside a small portion for competitive grants. Tribes with "best practices" can compete for the grants. Reward achievement	Take out mortality; favor prevalence. >Work rural setting into folrmula or status quo for this year	No discussion	Support 5% request from Urbans >Want info on #pts being served and where they are from. Eligibility, non-Indians served? >Saulte St. Marie on record to support urban set-aside >Others – no set-aside	Questions about what NDPC has done for Indian people. No support .	No set aside. Also want more info Put off until next year	>No set aside for TLDC; continue to be funded as is; ?current support >support data set aside; what happens after 5 yrs >support set aside for NDP; need budget >Cap all set asides at 10% and let TLDC determine who gets set aside. >Concern over grant program management. >Let Areas determine how money is distributed in the areas. >Consider centralizing some of the functions. Admin - see need, concern over direct services vs. beaurocracy >Perfer grants vs direct distribution.
BILLINGS							
	Non-competitive	>Want TA in understanding impact of formula on area & nationally. >Question how diabetes funding		>Support increase but need to justify 5% increase. >Request to urban progs to provide: fiscal & programmatic	No support. Has not fulfilled charge to be a national center.	No support how would support tribes?	>Not supportive of boosting area support but need more TA to tribes. >Supports administrative funds to IHS NDP – want budget proposal from IHS.

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		would impact calculation of level of need (are diabetes $$ being counted as a resource?)		reports on diabetes prog; define users & services			>Concern about how IHS will support a standard I/T/U data collection system. >Supportive of TLDC – want more info (history, role, activities) and budget proposal. Support data improvement, needs assessment >Cap set-aside at 10%. Concerned about total >Feels Area knows best what is needed in their programs locally and did not like idea of having to follow Congressional letter. >Want more info on best practices.
CALIFORNIA							
California Area Tribal Advisory Committee (CATAC) submitted recommendations		>Agreed to keep Tribal Size Adjustment and user population. >Do not agree with disease burden which is based on unreliable data. mortality		Supports 5% of $70 m for urbans	Did not agree to fund; not enough info NDPC - not supportive of - needs to benefit all NAs	Did not agree to fund; not enough info	>CATAC supports funding for area level grants management and data quality improvement at 5 %. >Did not agree to support TLDC. Need info, budget >Supports rebuilding and expansion of public health infrastructure and diabetes expertise at HQ and Area levels (National Diabetes Program and ADCs). ********** >For FY 2002 and FY 2003, the CATAC propose that the

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							final distribution methodology needs to be agreed upon by Oct 1st. >Suggest approx $10m be used for administrative functions & special initiatives; $30m be used to double the existing grant programs & $30m be used for special projects (teleophthamology or dialysis start-up).
NASHVILLE							
Submitted USET Resolution No. 2001:044 "Distribution Methodology for FY 2001 Diabetes Funds"	Non-competitive	No discussion Keep existing formula this year Problems with prevalence	No discussion	No discussion 1.5 million again ok	No discussion NDPC - ? need additional $?	No discussion Politically supportive need more info	>Wants money distributed asap with existing formula. >Specific recommendations for years 5 & 6 to be announced in round 2. >Generally not opposed to set asides. Supports data Admin - need more info
NAVAJO							
No date set for next meeting	Non-competitive	>Morbidity data is flawed. >Should use prevalence data plus user population	No discussion	>Maintain minimum 5% >Create sliding scale to accommodate maximum needs. >Money should be available for data improvement.	Aware that change is being made and decision regarding NDPC must come from Health & Social Services Committee	No discussion. Not aware of planning involved. How benefit tribes? TLDC oversight?	>Request more local participation in designing surveys. >What kind of support is needed for TLDC? Can other national advocates fill TLDC role, such as NIHB? - need more info >Supports TWG

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							>Concern was voiced for rural needs NDP - support tech assistance, evaluation >Best practices implies standards of care. >Funding possibilities: community health workers, adult summer programs, gestational diabetes programs, nutrition assistant programs, data improvement, evaluation, facility maintenance, acholl health shortfalls. >Driven set asides, support groups, research funds, performance improvement, mass media, podiatry, diabetes technical support, telecommunications, grants mgt support, pharmacy drug costs, ambulatory dhare needs, mobile units, travel support, leadership development. Support data - areas decides Program development support.
OKLAHOMA							
	Non-competitive	Recommend user population be calculated at 40% Recommend that TSA be set at a fixed dollar amount ($3,775,000).	No discussion	>Urban programs receive the same dollar amount in FY 2001 that they received from the 1997 BBA with no additional funds allocated until needs are	No set aside. NDPC - strongly opposed to additional funding	>Denver Diabetes Center Recommendation: No FY 2001 money be allocated for the DDC from the SDPI. When more information is available, then tribal	>First recommendation is for the money to be distributed immediately using the current formula and using consultation for FY 2002 and FY 2003. >Data: Recommend setting aside $1.5 million and

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		Recommend disease burden be calculated at 60%. Recommend remove mortality rate from formula and leave prevalence. Change next year for sure		justified by the urban programs		leaders will consult for FY 2002.	distributing equally among areas ($116,154 per area) pending consultation on the IHS Director's proposal; >TLDC: recommend no set aside and continue funding from the IHS Director's office *funding comes from IHS Diabetes Program - will take back info >National Diabetes Program Recommendation: Support no more than a $3 million set aside for NDP, and request a budget justification of the actual amount from NDP/Areas, subject to final approval from the Tribal Leaders in the Area. This process must not delay the allocation of other funding amounts to tribes. >Recommend an OK share proportional to the total diabetes funding. >No; continue to be funded as it is now. Support 10% cap on set asides, try to get other funds
PHOENIX							
		Supports Area-level distribution using prevalence and mortality data as measure of disease burden, and service pop figures as a	Efforts need to be made to ensure best possible program evaluations given limited grant time available.	National set-aside of 5% for urban programs is reasonable	NDPC - no future funding, questions	Neeed more info	>Total national set-asides should be capped. Continue tribal consultation for tribes in Phoenix Area on set-asides. >Define alternatives for comprehensive "mandated"

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		measure of pop to be served. Remove tribal size adjustment; this proportion of the funding should be distributed based on disease burden.					grants management for the Phoenix Area, HIS – identify admin and financial concerns, develop financial and admin rules for SDPI funds that are understood by grantees. >Develop tribal options to access technical assistance for program planning, development and evaluation. >Work with tribes and tribal epi centers to improve data collection, analysis and distribution. TLDC - yes, need more info, budget Data - 5% - need technical assistance, epi centrs ,define
PORTLAND							
		Supports change in the allocation methodology Formula incomprehensible Want efficient, fair formula, want user population, disease burden unfair		5%	Take carry over for NDPC - doesn't benefit all tribes	No response	Support set-aside for data improvement Take carry over for NDPC - doesn't benefit all tribes Admin - defer, more consideration of formula, impacts
TUCSON							
	Non-competitive	This issue was tabled by all until further research is conducted on the figures for disease burden. Everyone agrees that if the disease burden element increases,	All oppose additional funding for this issue.	Both tribes and urban support an increase to 10% Ok with 5%	Tabled until NDPC provides report at Feburary 23 mtg NDPC - Sally Davis, PI was	Tabled; not enough information. ?benefit to tribes	>Data: Both tribes support 5%; urbans support 2-3% set aside for data. >Both tribes support set aside money for TLDC. Urban will defer until later. - need budget >Both tribes and urban

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		then there will be more money for the area. Recommend that the disease burden element be revisited. Support current formula, increase prevalence if change			invited to present and didn't show up. Unclear, table this		supports Area Grants Management Specialist, not necessarily a physician Tohono O'odham prefers an epidemiologist. >NDP: Tabled. Will request a budget justification from Dr. Acton. >Use of money? Everyone opposed. Do not think it should be based on model programs because it would be unfair to some tribes; will wait on additional information. >Infrastructure Building: Tabled. Not clear. >Program Management of new grantees: These (NIH and IHS) are incompatible. We need more direct delivery. >Evaluation and Data Collection of new grantees – oppose additional funding for this issue. Special Diabetes Projects – language is unclear. >Support TLDC drafting a position paper

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General Comments by TLDC		Formula decisions - change or keep the same this year		Original allocation was an amount not a percentage - 1.5 million NCUIP letter - rec 5% Senator Campbell rec 5% 5% of 70 mil is 3.5 mil need justification from urbans motion passed to recommend 1.5 million set aside for urbans	CDC at meeting - reported on changes re: local effort with original partners - no new funds - have to spend carry over vs. new national effort - any additional funds from CDC/IHS from original allocation have to go toward national efforts - TLDC involved in new national effort - new direction, new activities coming for new separate national effort. Therefore, no new funds requested from the $70 million.	Would TLDC have oversight? Why has no one approached TLDC to discuss? Only few states listed Need more information	Admin - grants management - accountability needed, status of previous admin $?, needs assessment needed, grants person in NDP?, discussion with GM IHS - need another diabetes specialist NDP - program support needed, for technical assistance evaluation, data, training, support of Areas Draft budget reviewed TLDC - draft budget developed - currently funded out of IHS diabetes program not IHS director office Data - additional $? Need a report on what each area has done, when will 1999 data be available? Use of Funds - need more discussion in Round 2 With the new PMS system for grants, and since this is an extension of the original BBA, grants can be distributed quickly by not creating a new RFA - can just create an amendment to the existing RFA, programs fill out new scope of work for new funds, once approved, then notice of grant award goes out on PMS. - should be able to distribute funds quickly